

SERFF Tracking Number: AFLA-126497067 State: Arkansas  
Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 44944  
Company Tracking Number: 10A92410AR  
TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity  
Product Name: Hospital Indemnity Policy Endorsements  
Project Name/Number: /

## Filing at a Glance

Company: American Family Life Assurance Company of Columbus

Product Name: Hospital Indemnity Policy SERFF Tr Num: AFLA-126497067 State: Arkansas

Endorsements

TOI: H14I Individual Health - Hospital Indemnity SERFF Status: Closed-Approved- Closed State Tr Num: 44944

Sub-TOI: H14I.000 Health - Hospital Indemnity Co Tr Num: 10A92410AR State Status: Approved-Closed

Filing Type: Form Reviewer(s): Rosalind Minor

Authors: Connie Gates, Megumi Edge

Date Submitted: 02/18/2010 Disposition Date: 02/22/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 02/22/2010

Explanation for Other Group Market Type:

State Status Changed: 02/22/2010

Deemer Date:

Created By: Megumi Edge

Submitted By: Connie Gates

Corresponding Filing Tracking Number:

Filing Description:

Re: Endorsement Forms A92410, A92411, A92412, A92413

Dear Mr. Musgrove:

The above referenced forms are submitted for your review and approval.

SERFF Tracking Number: AFLA-126497067 State: Arkansas  
 Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 44944  
 Company Tracking Number: 10A92410AR  
 TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity  
 Product Name: Hospital Indemnity Policy Endorsements  
 Project Name/Number: /

Endorsement Form A92410 will amend Hospital Confinement Indemnity Insurance Policy Form A-43100-AR, previously approved by your department on May 30, 1995. Endorsement Form A92411 will amend Hospital Confinement Indemnity Insurance Policy Form A-43200-AR previously approved by your department on May 30, 1995.

The endorsements will make the following changes:

- Under DEFINITIONS, a definition of SUDDEN CARDIAC ARREST has been added.
- Under LIMITATIONS AND EXCLUSIONS, Sudden Cardiac Arrest has been added as a covered sickness.
- Under BENEFITS, HEART ATTACK, STROKE AND CARDIAC (OPEN-HEART) SURGERY BENEFIT has been expanded to include Sudden Cardiac Arrest.

Endorsement Form A92412 will amend Hospital Confinement Indemnity Insurance Policy Form A-44100-AR, previously approved by your department on July 17, 1998. Endorsement Form A92413 will amend Hospital Confinement Indemnity Insurance Policy Form A-44200-AR previously approved by your department on July 17, 1998.

The endorsements will make the following changes:

- Under DEFINITIONS, a definition of SUDDEN CARDIAC ARREST has been added.
- Under BENEFITS, HEART ATTACK, STROKE, COMA AND PARALYSIS BENEFIT has been expanded to include Sudden Cardiac Arrest.

We intend to make the changes available to all policyholders upon approval by your department. The endorsements referenced above will be added to all policies issued after the date of implementation, and all existing policyholders will be notified of these changes.

This submission will not affect the premium rates currently on file with your department.

I certify that the following forms comply with the requirements of Arkansas Statue Annotated Sections 23-80-201 through 23-80-208, cited as the Life and Disability Insurance Policy Language Simplification Act.

I certify that this submission meets the minimum reading ease score for the FLESCH test and that the score for the endorsement form is noted below.

Form Number:	FLESCH Score	Grade Level
A92410	92.634	2nd
A92411	92.634	2nd
A92412	95.386	2nd

<i>SERFF Tracking Number:</i>	<i>AFLA-126497067</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Family Life Assurance Company of Columbus</i>	<i>State Tracking Number:</i>	<i>44944</i>
<i>Company Tracking Number:</i>	<i>10A92410AR</i>		
<i>TOI:</i>	<i>H14I Individual Health - Hospital Indemnity</i>	<i>Sub-TOI:</i>	<i>H14I.000 Health - Hospital Indemnity</i>
<i>Product Name:</i>	<i>Hospital Indemnity Policy Endorsements</i>		
<i>Project Name/Number:</i>	<i>/</i>		
<b>A92413</b>	<b>95.386</b>	<b>2nd</b>	

I certify that the forms submitted herewith meet the applicable provision of Rule and Regulation 18 of the Arkansas Insurance Department Regulations as well as meeting the applicable requirements of Arkansas Insurance Department.

I certify that the forms submitted herewith meet the requirements of Rule and Regulation 49 of the Arkansas Insurance Department Regulations, Life and Disability Guaranty Fund Notices.

The filing fee is submitted by EFT in this SERFF filing. FLESCH certification is provided above.

This filing has been prepared by Connie Gates. Should you have any questions concerning this filing, please do not hesitate to contact her by calling collect at (706) 596-5048, by faxing her at (706) 660-7080 or by e-mailing her at [cgates@aflac.com](mailto:cgates@aflac.com).

## Company and Contact

### Filing Contact Information

Megumi Edge, Policy Analyst	MEdge@aflac.com
1932 Wynnton Road	706-660-7779 [Phone] 7779 [Ext]
Columbus, GA 31999	706-660-7080 [FAX]

### Filing Company Information

American Family Life Assurance Company of Columbus	CoCode: 60380	State of Domicile: Nebraska
1932 Wynnton Road	Group Code:	Company Type: Life and Health
Columbus, GA 31999	Group Name:	State ID Number:
(706) 323-3431 ext. [Phone]	FEIN Number: 58-0663085	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$200.00
Retaliatory?	No
Fee Explanation:	4 forms x \$50 per form
Per Company:	No

<i>SERFF Tracking Number:</i>	<i>AFLA-126497067</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Family Life Assurance Company of Columbus</i>	<i>State Tracking Number:</i>	<i>44944</i>
<i>Company Tracking Number:</i>	<i>10A92410AR</i>		
<i>TOI:</i>	<i>H14I Individual Health - Hospital Indemnity</i>	<i>Sub-TOI:</i>	<i>H14I.000 Health - Hospital Indemnity</i>
<i>Product Name:</i>	<i>Hospital Indemnity Policy Endorsements</i>		
<i>Project Name/Number:</i>	<i>/</i>		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Family Life Assurance Company of Columbus	\$200.00	02/18/2010	34286682

SERFF Tracking Number: AFLA-126497067 State: Arkansas  
Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 44944  
Company Tracking Number: 10A92410AR  
TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity  
Product Name: Hospital Indemnity Policy Endorsements  
Project Name/Number: /

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/22/2010	02/22/2010

SERFF Tracking Number:	AFLA-126497067	State:	Arkansas
Filing Company:	American Family Life Assurance Company of Columbus	State Tracking Number:	44944
Company Tracking Number:	10A92410AR		
TOI:	H14I Individual Health - Hospital Indemnity	Sub-TOI:	H14I.000 Health - Hospital Indemnity
Product Name:	Hospital Indemnity Policy Endorsements		
Project Name/Number:	/		

## Disposition

Disposition Date: 02/22/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AFLA-126497067 State: Arkansas

Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 44944

Company Tracking Number: 10A92410AR

TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity

Product Name: Hospital Indemnity Policy Endorsements

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Endorsement	Approved-Closed	Yes
Form	Endorsement	Approved-Closed	Yes
Form	Endorsement	Approved-Closed	Yes
Form	Endorsement	Approved-Closed	Yes

SERFF Tracking Number: AFLA-126497067 State: Arkansas

Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 44944

Company Tracking Number: 10A92410AR

TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity

Product Name: Hospital Indemnity Policy Endorsements

Project Name/Number: /

## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 02/22/2010	A92410	Policy/Cont Endorsement ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		92.634	A92410.pdf
Approved-Closed 02/22/2010	A92411	Policy/Cont Endorsement ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		92.634	A92411.pdf
Approved-Closed 02/22/2010	A92412	Policy/Cont Endorsement ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		95.386	A92412.pdf
Approved-Closed 02/22/2010	A92413	Policy/Cont Endorsement ract/Fratern al	Initial		95.386	A92413.pdf



SERFF Tracking Number:	AFLA-126497067	State:	Arkansas
Filing Company:	American Family Life Assurance Company of Columbus	State Tracking Number:	44944
Company Tracking Number:	10A92410AR		
TOI:	H14I Individual Health - Hospital Indemnity	Sub-TOI:	H14I.000 Health - Hospital Indemnity
Product Name:	Hospital Indemnity Policy Endorsements		
Project Name/Number:	/		
	Certificate:		
	Amendmen		
	t, Insert		
	Page,		
	Endorseme		
	nt or Rider		

**AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)**  
**Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999**  
**A Stock Company**

**Endorsement to Hospital Confinement Indemnity Policy Form Series A-43100**

CERTIFICATE OR  
POLICY NUMBER:

DATE OF ISSUE:

INSURED:

ENDORSEMENT DATE:

This endorsement is subject to all of the provisions of the policy to which it is attached. Additions or changes have been made to the policy and indicated as follows:

**DEFINITIONS** has been amended by adding the following definition:

**SUDDEN CARDIAC ARREST:** sudden, unexpected loss of heart function in which the heart abruptly and without warning stops working as a result of an internal electrical system malfunction of the heart. Any death where the sole cause of death as shown on the death certificate is cardiovascular collapse, sudden cardiac arrest, cardiac arrest, or sudden cardiac death shall be deemed to be Sudden Cardiac Arrest for purposes of this policy. Sudden Cardiac Arrest is not a Heart Attack.

**LIMITATIONS AND EXCLUSIONS**, which currently reads:

The Sickness benefits of this policy are subject to a 30-day waiting period. Benefits are not payable for: (1) any Sickness [including Heart Attack, Stroke and Cardiac (Open-Heart) Surgery] that is diagnosed or treated before coverage has been in force 30 days from the Effective Date, as shown in the Policy Schedule; or, (2) any Sickness [including Heart Attack, Stroke and Cardiac (Open-Heart) Surgery] diagnosed or treated prior to the Effective Date of this policy.

has been amended to read:

The Sickness benefits of this policy are subject to a 30-day waiting period. Benefits are not payable for: (1) any Sickness [including Heart Attack, Sudden Cardiac Arrest, Stroke and Cardiac (Open-Heart) Surgery] that is diagnosed or treated before coverage has been in force 30 days from the Effective Date, as shown in the Policy Schedule; or, (2) any Sickness [including Heart Attack, Sudden Cardiac Arrest, Stroke and Cardiac (Open-Heart) Surgery] diagnosed or treated prior to the Effective Date of this policy.

**BENEFITS, HEART ATTACK, STROKE AND CARDIAC (OPEN-HEART) SURGERY BENEFIT**, which currently reads:

**HEART ATTACK, STROKE AND CARDIAC (OPEN-HEART) SURGERY BENEFIT:**

1. We will pay a benefit of \$1,000 (one thousand dollars) the first time a covered person is diagnosed as having had either a Heart Attack or Stroke or has Cardiac (Open-Heart) Surgery, whichever occurs first. We will pay this benefit no more than once per covered person. Lifetime maximum of \$1,000 (one thousand dollars) per covered person.
2. We will pay a benefit of \$500 (five hundred dollars) when a covered person is later diagnosed as having had either a Heart Attack or Stroke or has Cardiac (Open-Heart) Surgery occurring more than 180 days after the benefit became payable under B1. This benefit (B2) will again become payable for

Heart Attack or Stroke or Cardiac (Open-Heart) Surgery occurring more than 180 days after it was last paid. No lifetime maximum.

**IMPORTANT: The Heart Attack, Stroke or Cardiac (Open-Heart) Surgery must occur while coverage is in force. This benefit is subject to Part 2A.**

has been amended to read:

**HEART ATTACK, SUDDEN CARDIAC ARREST, STROKE AND CARDIAC (OPEN-HEART) SURGERY BENEFIT:**

1. We will pay a benefit of \$1,000 (one thousand dollars) the first time a covered person is diagnosed as having had either a Heart Attack, Sudden Cardiac Arrest or Stroke or has Cardiac (Open-Heart) Surgery, whichever occurs first. We will pay this benefit no more than once per covered person. Lifetime maximum of \$1,000 (one thousand dollars) per covered person.
2. We will pay a benefit of \$500 (five hundred dollars) when a covered person is later diagnosed as having had either a Heart Attack, Sudden Cardiac Arrest or Stroke or has Cardiac (Open-Heart) Surgery occurring more than 180 days after the benefit became payable under B1. This benefit (B2) will again become payable for Heart Attack, Sudden Cardiac Arrest or Stroke or Cardiac (Open-Heart) Surgery occurring more than 180 days after it was last paid. No lifetime maximum.

**IMPORTANT: The Heart Attack, Sudden Cardiac Arrest, Stroke or Cardiac (Open-Heart) Surgery must occur while coverage is in force. This benefit is subject to Part 2A.**

This endorsement will automatically terminate with the policy.

In witness whereof, Aflac, at its worldwide headquarters, has caused this endorsement to be signed by our president and secretary in the city of Columbus, Georgia.

A handwritten signature in black ink, appearing to read "P. S. Amos II", with a stylized flourish at the end.

Paul S. Amos II, President

A handwritten signature in black ink, appearing to read "Joey M. Loudermilk", with a stylized flourish at the end.

Joey M. Loudermilk, Secretary

**AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)**  
**Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999**  
**A Stock Company**

**Endorsement to Hospital Confinement Indemnity Policy Form Series A-43200**

CERTIFICATE OR  
POLICY NUMBER:

DATE OF ISSUE:

INSURED:

ENDORSEMENT DATE:

This endorsement is subject to all of the provisions of the policy to which it is attached. Additions or changes have been made to the policy and indicated as follows:

**DEFINITIONS** has been amended by adding the following definition:

**SUDDEN CARDIAC ARREST:** sudden, unexpected loss of heart function in which the heart abruptly and without warning stops working as a result of an internal electrical system malfunction of the heart. Any death where the sole cause of death as shown on the death certificate is cardiovascular collapse, sudden cardiac arrest, cardiac arrest, or sudden cardiac death shall be deemed to be Sudden Cardiac Arrest for purposes of this policy. Sudden Cardiac Arrest is not a Heart Attack.

**LIMITATIONS AND EXCLUSIONS**, which currently reads:

The Sickness benefits of this policy are subject to a 30-day waiting period. Benefits are not payable for: (1) any Sickness [including Heart Attack, Stroke and Cardiac (Open-Heart) Surgery] that is diagnosed or treated before coverage has been in force 30 days from the Effective Date, as shown in the Policy Schedule; or, (2) any Sickness [including Heart Attack, Stroke and Cardiac (Open-Heart) Surgery] diagnosed or treated prior to the Effective Date of this policy.

has been amended to read:

The Sickness benefits of this policy are subject to a 30-day waiting period. Benefits are not payable for: (1) any Sickness [including Heart Attack, Sudden Cardiac Arrest, Stroke and Cardiac (Open-Heart) Surgery] that is diagnosed or treated before coverage has been in force 30 days from the Effective Date, as shown in the Policy Schedule; or, (2) any Sickness [including Heart Attack, Sudden Cardiac Arrest, Stroke and Cardiac (Open-Heart) Surgery] diagnosed or treated prior to the Effective Date of this policy.

**BENEFITS, HEART ATTACK, STROKE AND CARDIAC (OPEN-HEART) SURGERY BENEFIT**, which currently reads:

**HEART ATTACK, STROKE AND CARDIAC (OPEN-HEART) SURGERY BENEFIT:**

1. We will pay a benefit of \$2,000 (two thousand dollars) the first time a covered person is diagnosed as having had either a Heart Attack or Stroke or has Cardiac (Open-Heart) Surgery, whichever occurs first. We will pay this benefit no more than once per covered person. Lifetime maximum of \$2,000 (two thousand dollars) per covered person.
2. We will pay a benefit of \$1,000 (one thousand dollars) when a covered person is later diagnosed as having had either a Heart Attack or Stroke or has Cardiac (Open-Heart) Surgery occurring more than 180 days after the benefit became payable under B1. This benefit (B2) will again become payable for

Heart Attack or Stroke or Cardiac (Open-Heart) Surgery occurring more than 180 days after it was last paid. No lifetime maximum.

**IMPORTANT: The Heart Attack, Stroke or Cardiac (Open-Heart) Surgery must occur while coverage is in force. This benefit is subject to Part 2A.**

has been amended to read:

**HEART ATTACK, SUDDEN CARDIAC ARREST, STROKE AND CARDIAC (OPEN-HEART) SURGERY BENEFIT:**

1. We will pay a benefit of \$2,000 (two thousand dollars) the first time a covered person is diagnosed as having had either a Heart Attack, Sudden Cardiac Arrest or Stroke or has Cardiac (Open-Heart) Surgery, whichever occurs first. We will pay this benefit no more than once per covered person. Lifetime maximum of \$2,000 (two thousand dollars) per covered person.
2. We will pay a benefit of \$1,000 (one thousand dollars) when a covered person is later diagnosed as having had either a Heart Attack, Sudden Cardiac Arrest or Stroke or has Cardiac (Open-Heart) Surgery occurring more than 180 days after the benefit became payable under B1. This benefit (B2) will again become payable for Heart Attack, Sudden Cardiac Arrest or Stroke or Cardiac (Open-Heart) Surgery occurring more than 180 days after it was last paid. No lifetime maximum.

**IMPORTANT: The Heart Attack, Sudden Cardiac Arrest, Stroke or Cardiac (Open-Heart) Surgery must occur while coverage is in force. This benefit is subject to Part 2A.**

This endorsement will automatically terminate with the policy.

In witness whereof, Aflac, at its worldwide headquarters, has caused this endorsement to be signed by our president and secretary in the city of Columbus, Georgia.

A handwritten signature in black ink, appearing to read "P. S. Amos II", with a stylized flourish at the end.

Paul S. Amos II, President

A handwritten signature in black ink, appearing to read "Joey M. Loudermilk", with a stylized flourish at the end.

Joey M. Loudermilk, Secretary

**AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)**  
**Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999**  
**A Stock Company**

**Endorsement to Hospital Confinement Indemnity Policy Form Series A-44100**

CERTIFICATE OR  
POLICY NUMBER:

DATE OF ISSUE:

INSURED:

ENDORSEMENT DATE:

This endorsement is subject to all of the provisions of the policy to which it is attached. Additions or changes have been made to the policy and indicated as follows:

**DEFINITIONS** has been amended by adding the following definition:

**SUDDEN CARDIAC ARREST:** sudden, unexpected loss of heart function in which the heart abruptly and without warning stops working as a result of an internal electrical system malfunction of the heart. Any death where the sole cause of death as shown on the death certificate is cardiovascular collapse, sudden cardiac arrest, cardiac arrest, or sudden cardiac death shall be deemed to be Sudden Cardiac Arrest for purposes of this policy. Sudden Cardiac Arrest is not a Heart Attack.

**BENEFITS, HEART ATTACK, STROKE, COMA AND PARALYSIS BENEFIT, which currently reads:**

**HEART ATTACK, STROKE, COMA AND PARALYSIS BENEFIT:**

1. We will pay \$1,000 (one thousand dollars) the first time a covered person is diagnosed as having had any one of the following, whichever occurs first:
  - a. Heart Attack,
  - b. Stroke,
  - c. Coma (for a period of at least seven days), or
  - d. Paralysis (for a period of at least 30 days).

We will pay this benefit no more than once per covered person. Lifetime maximum of \$1,000 (one thousand dollars) per covered person.

2. We will pay \$500 (five hundred dollars) when a covered person is later diagnosed as having had any one of the following:
  - a. Heart Attack,
  - b. Stroke,
  - c. Coma (for a period of at least seven days), or
  - d. Paralysis (for a period of at least 30 days).

**For Benefit D2 to be payable, the diagnosis must occur more than 180 days after the benefit becomes payable under Item D1. This benefit (Item D2) will again become payable for Heart Attack, Stroke, Coma or Paralysis occurring more than 180 days after it was last paid. No lifetime maximum.**

**IMPORTANT: The Heart Attack, Stroke, Coma or Paralysis must occur while coverage is in force. This benefit is subject to Part 2A, Limitations and Exclusions.**

has been amended to read:

**HEART ATTACK, SUDDEN CARDIAC ARREST, STROKE, COMA AND PARALYSIS BENEFIT:**

1. We will pay \$1,000 (one thousand dollars) the first time a covered person is diagnosed as having had any one of the following, whichever occurs first:
  - a. Heart Attack,
  - b. Sudden Cardiac Arrest,
  - c. Stroke,
  - d. Coma (for a period of at least seven days), or
  - e. Paralysis (for a period of at least 30 days).

We will pay this benefit no more than once per covered person. Lifetime maximum of \$1,000 (one thousand dollars) per covered person.

2. We will pay \$500 (five hundred dollars) when a covered person is later diagnosed as having had any one of the following:
  - a. Heart Attack,
  - b. Sudden Cardiac Arrest,
  - c. Stroke,
  - d. Coma (for a period of at least seven days), or
  - e. Paralysis (for a period of at least 30 days).

**For Benefit D2 to be payable, the diagnosis must occur more than 180 days after the benefit becomes payable under Item D1. This benefit (Item D2) will again become payable for Heart Attack, Sudden Cardiac Arrest, Stroke, Coma or Paralysis occurring more than 180 days after it was last paid. No lifetime maximum.**

**IMPORTANT: The Heart Attack, Sudden Cardiac Arrest, Stroke, Coma or Paralysis must occur while coverage is in force. This benefit is subject to Part 2A, Limitations and Exclusions.**

This endorsement will automatically terminate with the policy.

In witness whereof, Aflac, at its worldwide headquarters, has caused this endorsement to be signed by our president and secretary in the city of Columbus, Georgia.



Paul S. Amos II, President



Joey M. Loudermilk, Secretary

**AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)**  
**Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999**  
**A Stock Company**

**Endorsement to Hospital Confinement Indemnity Policy Form Series A-44200**

CERTIFICATE OR  
POLICY NUMBER:

DATE OF ISSUE:

INSURED:

ENDORSEMENT DATE:

This endorsement is subject to all of the provisions of the policy to which it is attached. Additions or changes have been made to the policy and indicated as follows:

**DEFINITIONS** has been amended by adding the following definition:

**SUDDEN CARDIAC ARREST:** sudden, unexpected loss of heart function in which the heart abruptly and without warning stops working as a result of an internal electrical system malfunction of the heart. Any death where the sole cause of death as shown on the death certificate is cardiovascular collapse, sudden cardiac arrest, cardiac arrest, or sudden cardiac death shall be deemed to be Sudden Cardiac Arrest for purposes of this policy. Sudden Cardiac Arrest is not a Heart Attack.

**BENEFITS, HEART ATTACK, STROKE, COMA AND PARALYSIS BENEFIT, which currently reads:**

**HEART ATTACK, STROKE, COMA AND PARALYSIS BENEFIT:**

1. We will pay \$2,000 (two thousand dollars) the first time a covered person is diagnosed as having had any one of the following, whichever occurs first:
  - a. Heart Attack,
  - b. Stroke,
  - c. Coma (for a period of at least seven days), or
  - d. Paralysis (for a period of at least 30 days).

We will pay this benefit no more than once per covered person. Lifetime maximum of \$2,000 (two thousand dollars) per covered person.

2. We will pay \$1000 (one thousand dollars) when a covered person is later diagnosed as having had any one of the following:
  - a. Heart Attack,
  - b. Stroke,
  - c. Coma (for a period of at least seven days), or
  - d. Paralysis (for a period of at least 30 days).

**For Benefit E2 to be payable, the diagnosis must occur more than 180 days after the benefit becomes payable under Item E1. This benefit (Item E2) will again become payable for Heart Attack, Stroke, Coma or Paralysis occurring more than 180 days after it was last paid. No lifetime maximum.**

**IMPORTANT: The Heart Attack, Stroke, Coma or Paralysis must occur while coverage is in force. This benefit is subject to Part 2A, Limitations and Exclusions.**



has been amended to read:

**HEART ATTACK, SUDDEN CARDIAC ARREST, STROKE, COMA AND PARALYSIS BENEFIT:**

1. We will pay \$2,000 (two thousand dollars) the first time a covered person is diagnosed as having had any one of the following, whichever occurs first:
  - a. Heart Attack,
  - b. Sudden Cardiac Arrest,
  - c. Stroke,
  - d. Coma (for a period of at least seven days), or
  - e. Paralysis (for a period of at least 30 days).

We will pay this benefit no more than once per covered person. Lifetime maximum of \$2,000 (two thousand dollars) per covered person.

2. We will pay \$1000 (one thousand dollars) when a covered person is later diagnosed as having had any one of the following:
  - a. Heart Attack,
  - b. Sudden Cardiac Arrest,
  - c. Stroke,
  - d. Coma (for a period of at least seven days), or
  - e. Paralysis (for a period of at least 30 days).

**For Benefit E2 to be payable, the diagnosis must occur more than 180 days after the benefit becomes payable under Item E1. This benefit (Item E2) will again become payable for Heart Attack, Sudden Cardiac Arrest, Stroke, Coma or Paralysis occurring more than 180 days after it was last paid. No lifetime maximum.**

**IMPORTANT: The Heart Attack, Sudden Cardiac Arrest, Stroke, Coma or Paralysis must occur while coverage is in force. This benefit is subject to Part 2A, Limitations and Exclusions.**

This endorsement will automatically terminate with the policy.

In witness whereof, Aflac, at its worldwide headquarters, has caused this endorsement to be signed by our president and secretary in the city of Columbus, Georgia.



Paul S. Amos II, President



Joey M. Loudermilk, Secretary

SERFF Tracking Number: AFLA-126497067 State: Arkansas  
Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 44944  
Company Tracking Number: 10A92410AR  
TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity  
Product Name: Hospital Indemnity Policy Endorsements  
Project Name/Number: /

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> AR HIP Endorsement Cover Letter DTG.pdf	Approved-Closed	02/22/2010

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> N/A <b>Comments:</b>	Approved-Closed	02/22/2010

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Health - Actuarial Justification <b>Bypass Reason:</b> N/A <b>Comments:</b>	Approved-Closed	02/22/2010

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Outline of Coverage <b>Bypass Reason:</b> This filing consists of endorsements for previously approved policy forms. <b>Comments:</b>	Approved-Closed	02/22/2010



*Deborah T. Grantham  
AIRC, HIA, ACS  
Second Vice President  
Compliance Department*

February 18, 2010

Mr. Joe Musgrove  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201-1904

NAIC #60380

**Re: Endorsement Forms A92410, A92411, A92412, A92413**

Dear Mr. Musgrove:

The above referenced forms are submitted for your review and approval.

Endorsement Form A92410 will amend Hospital Confinement Indemnity Insurance Policy Form A-43100-AR, previously approved by your department on May 30, 1995. Endorsement Form A92411 will amend Hospital Confinement Indemnity Insurance Policy Form A-43200-AR previously approved by your department on May 30, 1995.

The endorsements will make the following changes:

- Under DEFINITIONS, a definition of SUDDEN CARDIAC ARREST has been added.
- Under LIMITATIONS AND EXCLUSIONS, Sudden Cardiac Arrest has been added as a covered sickness.
- Under BENEFITS, HEART ATTACK, STROKE AND CARDIAC (OPEN-HEART) SURGERY BENEFIT has been expanded to include Sudden Cardiac Arrest.

Endorsement Form A92412 will amend Hospital Confinement Indemnity Insurance Policy Form A-44100-AR, previously approved by your department on July 17, 1998. Endorsement Form A92413 will amend Hospital Confinement Indemnity Insurance Policy Form A-44200-AR previously approved by your department on July 17, 1998.

The endorsements will make the following changes:

- Under DEFINITIONS, a definition of SUDDEN CARDIAC ARREST has been added.
- Under BENEFITS, HEART ATTACK, STROKE, COMA AND PARALYSIS BENEFIT has been expanded to include Sudden Cardiac Arrest.

We intend to make the changes available to all policyholders upon approval by your department. The endorsements referenced above will be added to all policies issued after the date of implementation, and all existing policyholders will be notified of these changes.

This submission will not affect the premium rates currently on file with your department.

I certify that the forms submitted herewith meet the applicable provision of Rule and Regulation 18 of the Arkansas Insurance Department Regulations as well as meeting the applicable requirements of Arkansas Insurance Department.

I certify that the forms submitted herewith meet the requirements of Rule and Regulation 49 of the Arkansas Insurance Department Regulations, Life and Disability Guaranty Fund Notices.

I certify that the following forms comply with the requirements of Arkansas Statue Annotated Sections 23-80-201 through 23-80-208, cited as the Life and Disability Insurance Policy Language Simplification Act.

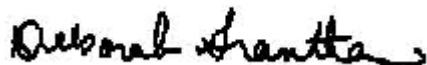
I certify that this submission meets the minimum reading ease score for the FLESCH test and that the score for the endorsement form is noted below.

Form Number:	<u>FLESCH Score</u>	<u>Grade Level</u>
A92410	92.634	2 <sup>nd</sup>
A92411	92.634	2 <sup>nd</sup>
A92412	95.386	2 <sup>nd</sup>
A92413	95.386	2 <sup>nd</sup>

The filing fee is submitted by EFT in this SERFF filing. FLESCH certification is provided above.

This filing has been prepared by Connie Gates. Should you have any questions concerning this filing, please do not hesitate to contact her by calling collect at (706) 596-5048, by faxing her at (706) 660-7080 or by e-mailing her at cgates@aflac.com.

Sincerely,



Deborah T. Grantham  
DTG/CG/cg  
Enclosures